MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570591

FILING DATE

APPLICANT(S)

CLAIMS

			AFTER		AFTER	
	AS F	ILED	1"AMENDMENT		2 ^{bd} AMENDMENT	
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TOTAL IND.	8	1	8	•	0	1
TOTAL DEP.	30	—	28	(0	(
TOTAL CLAIMS	38		36		0	

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			1"AMENDMENT		2 nd AMENDMENT	
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TOTAL DEP.	0	—	0	_	0	•
TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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